

IMPLEMENTATION OF HB 1837 WORKGROUP
Transporting Individuals in a Lying Down Position by Vehicles other than an Ambulance
Project Update Summary (April 11, 2008)

Background

HB 1837 requires the Dept. of Health to develop guidelines for the safe transport of individuals who rely on stretchers and personal mobility devices. This will be accomplished by convening a diverse stakeholder group that will assist in developing these guidelines.

Current statute requires ambulances to transport all “patients” (those requiring ongoing care or monitoring). HB 1837 does not impact this existing law. Many times, individuals with disability are faced with no transportation option when confined to a lying down position. In 2005, the legislation was passed that allowed these individuals access to transportation services as long as they used a personal mobility device owned or leased by the individual. While this was an improvement, there are many devices that cannot be safely secured in a standard wheelchair transport van. Therefore, a transfer from the personal mobility device to a stretcher owned by the transport agency is required. HB 1837 requires the Dept. of Health to develop guidelines for these scenarios.

Project Overview

A diverse group of representatives was assembled to assist in the development of these guidelines. The following is a list of the organizations represented on this workgroup:

- Washington State Department of Health
- Washington State Department of Social and Health Services
- Washington State Department of Transportation
- Washington State Office of the Superintendent of Public Instruction
- Governor’s Committee on Disability Issues and Employment
- Washington State Aging and Disability Services Administration
- Washington Fire Chief’s Association
- Washington Ambulance Association
- Hospital Social Services/Discharge Planning Representatives
- Representatives of Specialized Transportation Services
- Representatives from Paratransit Services
- Representatives of the Cabulance Industry
- Physicians

Reasons for participating in this workgroup are varied. However, the central two themes include safety and providing another transportation option for individuals with disability. Other reasons for participating include:

- Economics of transportation.
- Advocacy for the Disability Community.
- Transportation challenges experienced by individuals with disabilities.
- Facilitating access to medical services for individuals with disabilities.
- Expanding mobility options for individuals with disabilities.
- Transportation safety for students.
- Identifying safe transportation options for individuals with disabilities.
- Establishing regulations and standards for transporting individuals with disabilities.
- Serve as a voice for clients needing specialized transportation services.
- Ensuring a “systems” focus is maintained as standards are developed.

At the initial meeting, the workgroup developed a Mission Statement:

Develop guidelines and identify situations when vehicles other than ambulances may transport individuals who must travel in a prone or supine position.

This statement provides the foundation for the final guidelines.

The workgroup has reached consensus on the definition of “patient”. Applying this definition then identifies transportation scenarios where an ambulance will be used, consistent with existing statute. Other scenarios then, potentially, fall into the category of the guidelines being developed. The following is a list of criteria by which a “patient” is defined:

- Patients receiving intravenous fluids.
- Patients who have received medication(s) that might prevent them from caring for themselves.
- Requires or may require oxygen unless the patient’s physician has prescribed oxygen as a self-administered therapy.
- Requires or may require suctioning of the airway
- Someone who has sustained an injury and has not yet been evaluated by a physician.
- Someone experiencing an acute condition or the exacerbation of a chronic condition or a sudden injury.
- Someone requiring transport from one hospital to another hospital for a higher level of care not available at the originating hospital.
- Patients undergoing care in an emergency department and must be transported to another facility for diagnostic tests not available at the emergency department’s hospital.
- Patients requiring ongoing medical monitoring of pulse, blood pressure, airway, respiratory status or level of consciousness by a certified EMS provider
- Any transportation that is requested through the 9-1-1 or other emergency dispatch center.

Project Schedule

The final draft guidelines will be completed by May 20, 2008. This allows internal DOH processes to be followed and then the document will be sent to OFM for final approval and submission to the State Legislature. A series of meetings (in person and teleconference) are anticipated to explain the guidelines to health care providers and other interested parties. Future meeting dates include:

April 21, 2008

May 5, 2008

May 19, 2008

These meetings are held at the SeaTac Red Lion Hotel from 9:30am until 1:00pm. Anyone interested in attending the meetings is welcome.